



COUNTY OF LOS ANGELES  
EMERGENCY MEDICAL SERVICES COMMISSION

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July 18, 2007

TO: Honorable Chair and Board Members

FROM: William R. Kelly,  
Chair

Franklin D. Pratt, M.D.  
Vice Chair

SUBJECT: PLAN FOR IMPROVEMENT OF THE EMERGENCY MEDICAL SERVICES SYSTEM IN  
LOS ANGELES COUNTY

The Emergency Medical Services Commission (EMSC), established by the Board of Supervisors in October 1979, acts in an advisory capacity to the Board of Supervisors and the Department of Health Services under County Ordinance Chapter 3.20. In this role, the EMSC is providing the Board with a proposed plan toward improving the current EMS system in Los Angeles County (Attachment).

There has been growing concern that the EMS system in Los Angeles County (LAC) is under increasing financial and operational strain. The EMSC is concerned that emergency room closures, diverted ambulances, long waits and overcrowding are adversely affecting the public health, safety and welfare of our residents. In order to ensure that LAC residents receive emergency medical services when needed, the EMSC has determined there is a need to begin working on key activities that will address current and future needs, with the goal of producing achievable objectives and actions for improving EMS.

Initially, the EMSC looked at developing a strategic plan as a method of getting at the problems and solutions facing the EMS system. Through the engagement of the EMS system constituents, it was determined that many of the issues were beyond local control and the scope of the EMSC. Therefore, in lieu of proceeding with the strategic plan, the EMSC is focusing on addressing the activities, within its scope, which we believe will have a positive impact on the EMS system.

We would appreciate any comments from your office. The Commission intends to move forward with the plan of action unless directed otherwise. Please let us know if you have any questions or require additional information.

WK/FP:mr

c: Acting Chief Executive Officer  
County Counsel  
Executive Officer, Board of Supervisors  
Director and Chief Medical Officer, Department of Health Services  
EMS Commission  
Director, State EMS Authority  
Acting Director, EMS Agency  
Medical Director, EMS Agency

## **I. INTRODUCTION**

The Federal EMS Act defines an EMS system as a system which provides for the arrangement of personnel, facilities, and equipment for the effective and coordinated delivery in an appropriate geographic area of health care services under emergency conditions. The delivery of emergency health care requires the participation of many independent individuals and organizations, including ambulance services, fire departments, law enforcement agencies, nurses, physicians, and hospitals. The LAC EMS Agency and the EMS Commission draw together these many stakeholders. They have the responsibility to plan, monitor, and evaluate EMS activities throughout the County. Ultimately, the LA County EMS system's purpose is *"to provide responsive, efficient, and high quality emergency medical services that promote the health and well-being of all Los Angeles County residents."* Furthermore, the Los Angeles County EMS stakeholders value *"responsiveness, professionalism, accountability, compassion, commitment and respect for all persons who need and utilize emergency medical services in the County."*

The County is required by the State to follow the minimum **standards** and recommended **guidelines** as defined by the California EMS system, which include the following:

- 1) System organization and management, which include Agency administration, management of planning activities and regulatory activities, system finances, medical direction, and enhanced level of care, including advanced life support (ALS), trauma care system, pediatric emergency medical and critical care system, and exclusive operating areas
- 2) Staffing and training of the local EMS Agency, dispatchers, first responders, transport personnel, hospital and ALS
- 3) Communications, specifically managing communication equipment, regulating public access and resource management
- 4) Response and transportation for ALS, ambulance regulation, and exclusive operating permits
- 5) Facilities and critical care involving ALS, the trauma care system, pediatric emergency medical and critical care, and other specialty care
- 6) Data collection and system evaluation of ALS and trauma care system
- 7) Public information and education
- 8) Disaster medical response involving ALS, specialty care systems, and exclusive operating areas and ambulance regulation.

## **II. DEPARTMENT BACKGROUND**

The Board of Supervisors is the governing body for the County of Los Angeles. Under the governance of the Board is the Los Angeles County Department of Health Services (DHS), whose mission is to improve health through leadership, service and education.

The Los Angeles County EMS Agency serves as the lead agency for the EMS system in the County and is responsible for coordinating all system participants in its jurisdiction, encompassing both public and private sectors. The EMS Agency is responsible for planning, implementing, monitoring and evaluating the local EMS system. This includes establishing policies, addressing the financial aspects of system operation, and making provisions for collection, analysis, and dissemination of EMS-related data. In addition, the EMS Agency is responsible for establishing operational policies and procedures; designating EMS base hospitals and specialty care centers, such as trauma centers; developing guidelines, standards, and protocols for patient treatment and transfer; implementing a prehospital ALS program; certifying and accrediting prehospital medical care personnel; and approving EMS personnel training programs. Currently, the EMS system utilizes over 18,000 certified EMS personnel employed by fire departments, law enforcement agencies, ambulance companies, hospitals and private organizations to provide lifesaving care to those in need 24 hours a day, seven days a week.

In the performance of its duties, the EMS Commission is involved in the acquisition and analysis of information necessary for measuring the impact and quality of emergency medical services. This necessitates conducting continuous evaluation of the impact and quality of emergency medical services throughout the County. The Commission's role is to review, comment and offer recommendations on plans and proposals prepared by County departments, as well as other governmental and non-governmental agencies that participate in an EMS system.

The Commission prepares an annual report for each fiscal year reporting its findings, conclusions and recommendations to the Board of Supervisors.

Los Angeles County currently remains one of the most geographically and demographically diverse counties in the United States, as well as being one of the largest in population. Based on U.S. Census 2000 figures, Los Angeles County has the largest Hispanic population and second largest African-American population in the nation. The size and diversity of LAC, as well as its rebounding growth rates in the recent years, has made it increasingly difficult for LAC to confront the mounting challenges within the EMS system. In recent years, some of the challenges have included the following:

- Shrinking hospital and clinic capacity with closure of nine (9) emergency departments since 2003.
- ED crowding conditions: A report by the California HealthCare Foundation described the state of Los Angeles County's emergency care as complex and constrained. Statewide nursing shortage making it difficult to adhere to the mandated increase in nurse staffing ratios.

- Increased number of under- and uninsured patients: Approximately 30% of LAC population.
  - Fragile physician on-call panels: Hospitals are having greater difficulty maintaining specialty call panels, leading to inability to treat patients and the increased pain/suffering, and impacting emergency departments – waiting for patients to receive definitive care.
  - Seismic upgrade deadlines: This additional fiscal burden may lead to further hospital or emergency department closures.
  - Ambulance Diversions: Paramedics encounter delays because of prolonged waits to transfer patients due to diversions and loss of base and receiving hospitals
  - Patient dissatisfaction with ED services has mounted, as have public safety risks.
- Based on these realities, there have been growing concerns that the EMS system needs to evaluate its performance and plan for improvements. The California EMS System has set minimum standards for EMS performance. The EMS Commission and other stakeholders have come to the conclusion that reactive crisis management policies will fall short in meeting these challenges.

At the request of the EMS Commission, the EMS Agency sponsored a series of interviews with EMS stakeholders to classify the problems to be addressed in a Strategic Planning process. The Commission, Agency staff and interested stakeholders met numerous times to further classify those problems initially identified by EMS stakeholders. The Commission determined that many problems and solutions as a "whole" are beyond the responsibility and authority of the EMS community. For that reason, issues were divided into those that could be accomplished with a reasonable expenditure of time and personnel and those that are inordinately costly to study or correct or beyond the responsibility and authority of the EMS community.

## **Issues within the authority of the EMSC and LEMSA**

- **Evaluate alternative medical interventions.**
  - Automated External Defibrillators (AED) for 1<sup>st</sup> responder units and public access defibrillation
  - Advanced Life Support (ALS) vs Basic Life Support (BLS) protocols
  - Increase use of Standing Field Treatment Protocols (SFTP)
  - What field protocols improve quality of care and are cost-effective
  - Recommend making CPR by citizens a priority of EMS
- **Evaluate methods of evaluating operational outcomes.**
  - Ambulance ED diversion hours affected by ED closures
  - EMS response and transport times
  - Patient outcomes (with quality indicators)
  - Share best practice, i.e., methods to reduce diversion
- **Evaluate existing prehospital care radio communications system/interoperability.**
  - Compliance with current standards
  - Are standards adequate?
  - What to do with a system that is 35+ years old

- **Evaluate relationship between pre-hospital care staff and ED to provide highest quality of care.**
  - What is role of Base Hospital in education, medical oversight, on-line medical control?
  - Evaluate benefits/drawbacks of more coordination of EMS using different On-Line Medical Control models
  - Increase use of SFTP's (Same as #1)
- **Evaluate medical mutual aid response between adjacent cities/regions.**
  - Regionalizing EMS responders between adjacent cities/regions
- **Evaluate the existing governance of EMS.**
  - Is current fire-based model of EMS delivery adequate? What are criteria for answering the question?
  - Are there realistic alternatives?
  - What is the role of the EMS Commission and its relationship to the BOS and EMSA?
  - Is there a need to amend composition and role of EMSC?
- **Evaluate education and training of EMS providers, MICNs and Base Hospital Physicians**
  - Is completion of certification and licensure requirements for EMT-Is and Paramedics, respectively, adequate for independent work in the field?
  - Is there need for formal training/evaluation after credentialing?
  - Is there need for more field experience for base hospital medical practitioners?

### **Tasks Omitted -- Beyond EMS Agency/EMS Commission's Control**

- **Evaluate the use of EMS delivery to other EMS receiving centers or other alternatives**
  - Urgent care centers
  - Clinics
  - Triage protocols for next-day care (treat and release)
  - Telephone-based nurse triage services
- **Evaluate the prehospital care management of mental health patients.**
  - Methods of reducing demand for MH ED services
  - Case management role
  - Communications between MH and medical EDs
  - Role of the Medical Alert Center to coordinate Field MH
  - Improve paramedic training in the area of MH
- **Evaluate the specialty on-call panel status.**
  - Consider regionalization
  - Consider single on-call system, or other alternatives
  - Consider specialty centers, i.e., cardiac, stroke, etc
  - Reimbursement strategies

- **Educate the public as consumers.**
  - When to use EDs? Other primary care alternatives?
  - System burdens
  - Value and role of EMS
- **Educate local business and community agencies.**
  - Educate business about EMS problems and needed solutions?
  - Business and EMS partnership?
- **Educate physician, nurses and other health care providers.**
  - Best practices
  - Role of EMS Commission
  - Provide CME credit
- **Evaluate new models of funding all aspects of the EMS system.**
  - Methods of improving insurance enrollment for indigent population?
  - Hospital "pay or play"?
  - Developer fees for healthcare infrastructure?
  - Legislation?
  - Creation of "health enterprise zones that would give hospitals and clinics tax breaks or loan forgiveness?
- **Evaluate the geographic distribution of EDs and TCs and recommend solutions.**
  - Consider uncovered areas?
  - Consider areas of high indigent population?
  - Forecast the future of closures?
- **Evaluate the legal and policy options for regulating the opening and closing of EDs**
  - Legislation?
  - **Evaluate methods of improving ACCESS to care.**
  - Primary and specialty care alternatives to reduce EMS responses?
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### **III. CONCLUSION**

The EMSC after looking at the development of a strategic plan determined as noted in this report that we will focus on addressing the activities, within its scope, which we believe will have a positive impact upon the EMS system.